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EDITORIAL

A New Executive Director

WHEN HOWARD HASSARD—that's "Hap" Hassard—found himself having to give more and more time to his administrative duties as Executive Director of the California Medical Association and less and less to the business and the philosophy of law, which is his true vocation, he came to a decision that must be respected by anyone who is devoted to any profession or any work: He decided for his vocation.

His decision, which he announced to the CMA Council last winter, presented that body with a problem: How could the vacancy caused by his resignation best be filled without interrupting the continuity of programs being carried forward by a vigorous and progressive medical association? Mr. Hassard agreed to stay on in the post until a decision could be made.

After a period of searching and weighing, the Council decided that the best way to carry forward was to appoint a man already thoroughly familiar with all the work and all the physician leaders of the medical association. Robert Thomas, with his recent experience as Associate Executive Director and long tenure as Director of Commissions and Committees—the nerve center of all CMA activities—was deemed the man for the job. CALIFORNIA MEDICINE extends to him its congratulations and its well-wishes.

To Hap Hassard, who as legal counsel will continue to be readily available for consultation and advice, we acknowledge a debt for the cogent

influence his strong administrative leadership and sound legal guidance has had in the California Medical Association and California Blue Shield. We are grateful to him for giving so much of himself, for being so much a part of us during our time of most vigorous growth and dynamic action.

Planning and Goals in Continuing Medical Education

THE PHYSICIAN'S ROLE in the care of the sick has traditionally been a personal one: the doctor and his patient have represented the unit in good medical care. In spite of the fragmentation of physicians by specialization, the impact of new technology, changes in the pattern of the delivery of health services or a different social order, it seems unlikely that this unit will be any less desirable in the future for good medical care. In such a unit, the personal investment that a physician and a patient make in each other through the years is great and plays a prominent role in any therapeutic action. Much of the "art" of medicine probably arises from this slowly accrued, mutual investment account and, as such, resists measurement. The science that the physician brings to bear and through which he earns the trust of his patients during the years of care is, however, susceptible to appraisal. It is the fantastic explosion of such scientific knowledge that has forced the physician to pursue more diligently than ever before a program of continuing education.

In California the time has come to define some problems and to take action where it seems appropriate. With this in mind, a conference was held on 11 March 1967, at the Hotel del Coronado in San Diego, California. The conference was sponsored by the California Medical Association, under the direction of the California Medical Association Committee on Continuing Medical Education. Support and advice came from the California Medical Education and Research Foundation and the United States Public Health Service. Approximately 100 physicians, medical educators and persons involved in health care were present. These conferees were challenged to come up with specific recommendations for the California medical profession that could be implemented and turned into an action program for continuing education. Four areas were outlined for discussion. These were:

1. The role of the community hospital staff in continuing education; What ways can in-hospital education be improved? What techniques are there to achieve liaison with university medical centers?

2. The evaluation of courses in programs in continuing education and their effect upon the quality of care rendered by physicians.

3. Motivation; Recommendations and plans for achieving greater participation by physicians in continuing education ("CONTINUING EDUCATION" to be defined as courses, assemblies, teaching assignments, journal clubs, etc.). Should there be a system for reaccrediting physicians?

4. Certification of postgraduate courses in continuing education; Should there be such certification? What groups should carry out these duties?

The members of the Conference met in small workshops for detailed discussions and decisions. These decisions in turn were discussed before the full conference, modified and approved. These final recommendations have been approved by the Scientific Board of the California Medical Association and the Council of the California Medical Association. It is proposed now to print the discussions and decisions reached by each workshop. These will appear in this and future issues of CALIFORNIA MEDICINE.

Your comments are encouraged and invited.

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*Chairman, Committee on
Continuing Medical Education
Scientific Board*

